

AO 440 (Rev. 10/93) Summons in a Civil Case

5
2/16/01

United States District Court

MIDDLE DISTRICT OF PENNSYLVANIA

SUMMONS IN A CIVIL CASE

Beverly Beam

CASE NUMBER: 1:01-CV-083

Judge McClure

v.

Scott Downey, Roger Morrison, David Graybill
and Michael Sweger

FILED
HARRISBURG, PA

FEB 15 2001

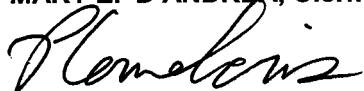
MARY E. D'ANDREA, CLERK
Per P. Cornelius
Deputy Clerk

To: (For the name and address of defendant(s): **SEE COMPLAINT**)

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY
Don Bailey 4311 N. 6th Street Harrisburg, PA 17110

an answer to the complaint which is herewith served upon you, within 20 (twenty) days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

MARY E. D'ANDREA, Clerk


(By) P. Cornelius, Deputy Clerk

DATE: Jan. 16, 2001

UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

RETURN OF SERVICE OF PROCESS

PLAINTIFF Beam COURT CASE NUMBER 1:01-CV-083
DEFENDANT Downey et al. TYPE OF PROCESS Certified Mail
SERVE as attached
(Name individual, company; corporation, etc. to be served)

AT as attached, green cards
(Show Address)

SPECIAL INSTRUCTIONS OR OTHER INFORMATION REGARDING SERVICE FILED
HARRISBURG, PA

CERTIFICATE OF SERVICE

FEB 15 2001

I HEREBY CERTIFY THAT:

MARY E. D'ANDREA, CLERK
Per Deputy Clerk

I have personally served individual, company or corporation above.
 I have made service by mail as authorized by state law to the individual, company or corporation above. Appropriate state law authorizing this type of service is _____ . If certified mail was authorized, attach green cards to this form.
 I have legal evidence of service, described under Remarks and attached hereto.
(Domiciliary service, Substituted service.)
 I am unable to serve the process. (See Remarks)

NAME OF PERSON SERVED: _____

TITLE (IF ANY) OF PERSON SERVED: _____

ADDRESS WHERE SERVED: _____

DATE AND TIME OF PERSONAL SERVICE: _____

REMARKS: _____

2/13/01
Date

Adrienne L. Bailey
Signature of Process Server

RETURN THE ORIGINAL OF THIS FORM WITH THE ORIGINAL SUMMONS FORM TO:
OFFICE OF THE CLERK OF COURT, U.S. DISTRICT COURT
(Clerk's address in which the assigned judge is located. Refer to the
Notice of Judicial Assignment form.)

WAIVER OF SERVICE OF SUMMONS

TO:

(Name of plaintiff's attorney or pro se plaintiff)

(Name of plaintiff's attorney or pro se plaintiff)

I acknowledge receipt of your request that I waive service of a summons in the action of Beam vs. Downey et al, which is case number 101-CV-083 in the United States District Court for the Middle District of Pennsylvania. I have also received a copy of the complaint in the action, two copies of this instrument, and a means by which I can return the signed waiver to you without cost to me.

I agree to save the cost of service of a summons and an additional copy of the complaint in this lawsuit by not requiring that I (or the entity on whose behalf I am acting) be served with judicial process in the manner provided by Rule 4.

I (or the entity on whose behalf I am acting) will retain all defenses or objections to the lawsuit or to the jurisdiction or venue of the court except for the objections based on a defect in the summons or in the service of the summons.

I understand that a judgment may be entered against me (or the party on whose behalf I am acting) if an answer or motion under Rule 12 is not served upon you within 60 days after 1/16/01 (date request was sent), or within 90 days after that date if the request was sent outside the United States.

1/29/01

Date

Signature

Printed/Typed Name:

Steven J. Schiffman, Esquire

Title if any:

Address:

Serratelli, Schiffman, Brown & Calhoon

2080 Linglestown Road, Suite 201

Harrisburg, PA 17110

For Corporation, if any:

Representing defendant(s) if any:

Michael Sweger

FILED
HARRISBURG, PA

FEB 15 2001

MARY E. D'ANDREA, CLERK
Phr _____ 585H18 P186P

FILED
HARRISBURG, PA

WAIVER OF SERVICE OF SUMMONS

TO:

(Name of plaintiff's attorney or pro se plaintiff)

MARY E. D'ANDREA, CLER
Per

Quantity Stock

I acknowledge receipt of your request that I waive service of a summons in the action of Beam vs. Downer et al, which is case number 101-CV-083, in the United States District Court for the Middle District of Pennsylvania. I have also received a copy of the complaint in the action, two copies of this instrument, and a means by which I can return the signed waiver to you without cost to me.

I agree to save the cost of service of a summons and an additional copy of the complaint in this lawsuit by not requiring that I (or the entity on whose behalf I am acting) be served with judicial process in the manner provided by Rule 4.

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1-29-01

Date

Roger D. Morrison

Signature

Printed/Typed Name:

Roger D. Morrison

Title if any:

Address:

175 Pipe Street

For Corporation, if any:

Representing defendant(s) if any:

FILED
HARRISBURG, PAWAIVER OF SERVICE OF SUMMONS

TO:

Don Bailey Esq.
(Name of plaintiff's attorney or pro se plaintiff)FEB 15 2001
MARY E. D'ANDREA, CLERK
Per _____ Deputy Clerk

I acknowledge receipt of your request that I waive service of a summons in the action of Beam vs. Downey et al, which is case number 1:01-cv-083 in the United States District Court for the Middle District of Pennsylvania. I have also received a copy of the complaint in the action, two copies of this instrument, and a means by which I can return the signed waiver to you without cost to me.

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2/9/01

Date

Scott C. Downey

Signature

Printed/Typed Name:

Scott C. Downey

Title if any:

Supervisor of Transportation

Address:

55 Miller St.P.O. Box 489Summerdale, PA 17093

For Corporation, if any:

Capital Area Inter. Unit

Representing defendant(s) if any:

STEPHEN S. RUSSELL, Esq.

FILED
HARRISBURG, PA

FEB 15 2001

WAIVER OF SERVICE OF SUMMONS

TO:

(Name of plaintiff's attorney or pro se plaintiff)

MARY E. D'ANDREA, CLERK
Deputy Clerk

I acknowledge receipt of your request that I waive service of a summons in the action of Beam vs. Downey et al, which is case number 1:01-CV-083 in the United States District Court for the Middle District of Pennsylvania. I have also received a copy of the complaint in the action, two copies of this instrument, and a means by which I can return the signed waiver to you without cost to me.

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1/29/01

Date

Signature

Printed/Typed Name:

Steven J. Schiffman, Esquire

Title if any:

Serratelli, Schiffman, Brown & Calhoon

Address:

2080 Linglestown Road, Suite 201

For Corporation, if any:

Representing defendant(s) if any: David Graybill

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mike Sugerman
15 S. Market St
Millerstown, PA 17062

2. Article Number (Copy from service label)

7099 3400 0001 4131 4233

Domestic Return Receipt

102595-99-M-1789

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

Michael D. Sugerman 1/18/01

C. Signature

X Michael D. Sugerman Agent

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Roger Morrison
175 Pine St
Millersburg, PA 17061

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

Roger Morrison 1/18/01

C. Signature

X Roger D. Morrison Agent

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

2. Article Number (Copy from service label)

7099 3400 0001 4131 4202

Domestic Return Receipt

102595-99-M-1789

PS Form 3811, July 1999

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

David Graybill
RD # 2
Box 89
Millersburg, PA
17062

2. Article Number (Copy from service label)

7099 3400 0001 4131 4264

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

Received by (Please Print Clearly)	Date of Delivery
DAVID C GRAYBILL	1-18-01

C. Signature

X David C Graybill

Agent

Addressee

D. Is delivery address different from item 1?

Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CAICL
Scott Downey
55 Millers Street
P.O. Box 489
Summerdale, PA 17093

2. Article Number (Copy from service label)

7099 3400 0016 0532 8179

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

Received by (Please Print Clearly)	Date of Delivery
CAICL	1-18-01

C. Signature

X Scott Downey

Agent

Addressee

D. Is delivery address different from item 1?

Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes